

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 170-876)**

SERIAL NO.

FILING DATE

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	MO.	DEF.	MO.	DEF.	MO.	DEF.
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TOTAL	6					
TOTAL	21					
TOTAL	27					

	MO.	DEF.	MO.	DEF.	MO.	DEF.
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